

#### PERSONAL INFORMATION

ENTER ALL PERSONAL INFORMATION IN THE SPACES PROVIDED, INCLUDING CONTACT PHONE NUMBER(S) AND EMAIL ADDRESS (IF AVAILABLE).

THE ADDRESS ENTERED WILL BE THE ADDRESS TO WHICH YOUR CERTIFICATE WILL BE MAILED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAINTAIN CURRENT INFORMATION, INCLUDING NAME AND MAILING ADDRESS, ON FILE WITH THE TEACHER CERTIFICATION OFFICE.

### CERTIFICATION AND BACKGROUND INFORMATION

ANSWER 'YES' OR 'NO' TO QUESTIONS #1-6 AS THEY APPLY TO YOU. IF THE ANSWER TO ANY OF THESE QUESTIONS IS 'YES', PLEASE PROVIDE A WRITTEN, DETAILED EXPLANATION OF THE INCIDENT AND SIGN IT. IT IS NOT NECESSARY TO PROVIDE A WRITTEN EXPLANATION OF A MINOR TRAFFIC VIOLATION. IT **IS** NECESSARY TO PROVIDE WRITTEN EXPLANATION OF ANY DWIS. IF NO WRITTEN EXPLANATION IS PROVIDED FOR ANY 'YES' ANSWERS TO QUESTIONS #1-6, THE APPLICATION WILL BE RETURNED.

IF YOU ANSWER 'YES' TO QUESTION #7, LIST THE STATE(S) WHERE YOU HOLD/HELD TEACHING CERTIFICATES AND THE EXPIRATION DATE(S).

#### **POSITIONS HELD**

LIST ANY TEACHING, ADMINISTRATIVE, OR SPECIAL SERVICES POSITION(S) HELD DURING THE TERM OF THE CERTIFICATE WHICH IS BEING RENEWED.

SCHOOL YEARS: LIST THE CALENDAR YEARS (example, 1998-2001)

DAYS PER YEAR: NUMBER OF DAYS IN THE CONTRACT(S)

### **ETHNICITY**

CHECK THE BOX THAT MOST APPROPRIATELY APPLIES TO YOU. DEFINITIONS FOR EACH CHOICE ARE PROVIDED.

#### **RECORD OF TRAINING**

LIST ALL COLLEGES/UNIVERSITIES ATTENDED TO COMPLETE THE CREDITS REQUIRED FOR RENEWAL. SIX SEMESTER (OR NINE QUARTER) HOURS OF CREDIT EARNED FROM A REGIONALLY ACCREDITED UNIVERSITY ARE REQUIRED FOR RENEWAL OR REINSTATEMENT OF A 5-YEAR CERTIFICATE. AT LEAST THREE OF THE SIX REQUIRED CREDITS MUST BE UPPER DIVISION OR GRADUATE LEVEL COURSEWORK.

OFFICIAL TRANSCRIPTS FOR ALL INSTITUTIONS LISTED IN THIS SECTION MUST BE INCLUDED WITH THE APPLICATION, **NOT** SENT DIRECTLY TO THE TEACHER CERTIFICATION OFFICE. YOU MAY OPEN THE TRANSCRIPTS WHEN THEY ARRIVE TO VERIFY THE CORRECT COURSEWORK AND/OR DEGREE(S) ARE POSTED. TRANSCRIPTS ARE ACCEPTABLE AFTER THEY HAVE BEEN OPENED, PROVIDED THEY CONTAIN THE REGISTRAR'S SIGNATURE/SEAL AND ARE PRINTED ON OFFICIAL UNIVERSITY TRANSCRIPT PAPER.

## **REQUIREMENTS**

YOU MUST HAVE <u>COMPLETED</u> ALL REQUIREMENTS LISTED IN THIS SECTION IN ORDER TO QUALIFY FOR RENEWAL OR REINSTATEMENT. IF YOU HAVE NOT MET ALL OF THE REQUIREMENTS LISTED IN THIS SECTION, THE APPLICATION WILL BE RETURNED.

SIX SEMESTER OR NINE QUARTER HOURS OF CREDIT EARNED FROM A REGIONALLY ACCREDITED UNIVERSITY ARE REQUIRED FOR RENEWAL OR REINSTATEMENT OF A PROFESSIONAL, MASTER, TYPE B (5-YEAR) OR TYPE C (5-YEAR) CERTIFICATE.

IF YOU ARE USING CEUS OR NON-ACADEMIC CREDIT, PLEASE VISIT OUR WEBSITE FOR THOSE REQUIREMENTS AND FEES.

IF YOUR CERTIFICATE HAS BEEN EXPIRED OVER 12 MONTHS, YOU ARE NO LONGER ELIGIBLE TO REINSTATE YOUR CERTIFICATE. YOU MUST APPLY FOR AS AN INITIAL APPLICANT AND MEET ALL CURRENT REQUIREMENTS FOR CERTIFICATION.



### **FEE SCHEDULE**

THE CERTIFICATE FEE FOR RENEWAL OR REINSTATEMENT IS \$125.00. THE FINGERPRINT PROCESSING FEE IS AN ADDITIONAL \$60.00. IF YOUR APPLICATION REQUIRES FINGERPRINT CARDS, SUBMIT A TOTAL FEE OF \$185.00. YOU MAY PAY IN THE FORM OF A CASHIER'S CHECK, MONEY ORDER, OR CREDIT CARD (VISA OR MASTERCARD) AUTHORIZATION.

IF PAYING BY CREDIT CARD (VISA OR MASTERCARD), COMPLETE ALL INFORMATION IN THIS SECTION, INCLUDING THE NAME ON THE CREDIT CARD AND THE CARDHOLDER'S SIGNATURE. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** 

IF PAYING BY CASHIER'S CHECK OR MONEY ORDER, INDICATE THE CHECK NUMBER IN THE APPROPRIATE BOX. CHECKS OR MONEY ORDERS CAN BE MADE PAYABLE TO THE ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT (EED).

FEES ARE NON-REFUNDABLE.

#### **NOTARIZATION**

THE APPLICATION **MUST** BE SIGNED AND DATED BY THE APPLICANT.

THE APPLICATION <u>MUST</u> BE NOTARIZED BY A CERTIFIED NOTARY PUBLIC. IF A NOTARY PUBLIC IS NOT AVAILABLE TO YOU, A POSTMASTER MAY <u>SIGN</u>, <u>DATE AND STAMP</u> THIS AFFIDAVIT.

IF ANY PORTION OF THIS SECTION IS INCOMPLETE, THE APPLICATION WILL BE RETURNED.

### **CHECKLIST**

REVIEW YOUR APPLICATION BEFORE SUBMITTING IT TO THE TEACHER CERTIFICATION OFFICE. YOU MUST INCLUDE ALL ITEMS ON THE CHECKLIST WITH THE APPLICATION. IF YOU HAVE QUESTIONS ABOUT ANY OF THE REQUIRED DOCUMENTS, PLEASE CALL THE TEACHER CERTIFICATION OFFICE (907-465-2831) TO SPEAK TO A CERTIFICATION ANALYST.

IF YOU **ARE** CURRENTLY EMPLOYED IN A CERTIFIED POSITION IN AN ALASKA PUBLIC SCHOOL DISTRICT, YOU MUST SUBMIT A PHOTOCOPY OF YOUR CONTRACT FOR THE CURRENT SCHOOL YEAR OR A LETTER FROM THE EMPLOYING SCHOOL DISTRICT OFFICE VERIFYING YOUR CERTIFIED EMPLOYMENT. YOU ARE NOT REQUIRED TO SUBMIT FINGERPRINT CARDS IF YOU ARE EMPLOYED IN THIS CAPACITY.

IF YOU ARE **NOT** CURRENTLY EMPLOYED IN A CERTIFIED POSITION IN AN ALASKA PUBLIC SCHOOL DISTRICT, 1 COMPLETED FINGERPRINT CARD IS REQUIRED FOR RENEWAL OR REINSTATEMENT. IF YOU NEED A FINGERPRINT CARD, CALL THE TEACHER CERTIFICATION OFFICE (907-465-2831) AND REQUEST THE CARD. YOU MUST HAVE YOUR FINGERPRINTS ROLLED BY A TRAINED TECHNICIAN. THE TECHNICIAN MUST SIGN AND DATE THE CARD IN THE APPROPRIATE SPACES ON THE FINGERPRINT CARD. ALL PERSONAL INFORMATION MUST BE FILLED IN ON THE CARD, INCLUDING SIGNATURE, RESIDENCE, CITIZENSHIP, SEX, HEIGHT, WEIGHT, RACE, EYE COLOR, HAIR COLOR, DATE OF BIRTH, AND PLACE OF BIRTH.

IF ANY OF THE REQUIRED DOCUMENTS LISTED ON THE CHECKLIST ARE NOT INCLUDED WITH THE APPLICATION, THE ENTIRE APPLICATION WILL BE RETURNED.

#### SPECIAL NOTE ABOUT RENEWALS

THE EARLIEST YOU MAY SUBMIT AN APPLICATION PACKET FOR RENEWAL IS **ONE YEAR** PRIOR TO THE EXPIRATION DATE ON THE CERTIFICATE YOU ARE RENEWING.

WE DO NOT FAX OR MAIL A COPY OF YOUR CERTIFICATE TO THE SCHOOL DISTRICTS. IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE THE DISTRICT WITH A COPY OF HIS/HER CERTIFICATE.



PERSONAL INFOR	MATI	ON																		
LAST NAME	T NAME FIRST NAME				MIDE	DLE II	NITIA	۱L	J	U.S	. SC	OCIA	AL S	SECURITY NUMBER						
MAILING ADDRESS						l	CITY						ST	ATE		ZIP	COD	E		
															7					
HOME PHONE NUMBER				WO	RK PHO	K PHONE NUMBER							GENDER							
EMAIL ADDRESS																				
BIRTHDATE (MM-DD-YYYY)	1			FOR	MER L	AST N	NAME	(S)					H	[GHI	EST E	DUCA	OIT	NAL D	EGRE	E
IT IS THE RESPONSIBILITY OF ADDRESS, ON FILE WITH THE	OF THE A	PPLIC	CANT RTIFI	TO MA	AINTAI ON OFF	IN C	URRE . Ali	ENT I L NAI	NFO ME C	RMA HAN	TIO	N, 5 MI	INC UST	CLU F BE	DING SUP	NAN POR	1Ε A ΓED	ND M WITH	AILI 1 A	NG
PHOTOCOPY OF THE LEGAL D	OCUME	NT VEI	RIFYI	NG TH	IE CHA	NGE														
CERTIFICATION A	ND B	ACK	GRO	OUN	D II	NFC	DRN	<b>1A</b> 1	ΓΙΟ	N										
COMPLETE THE FOLLOWING QU																				
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<ol> <li>Have you been convicted for □YES □NO</li> </ol>	or a violat	tion of	crimir	nal law	, excep	t for	mino	r traf	ffic vi	iolatio	ons?	Ple	ease	inc	<u>lude</u> I	OWIs.				
2. Do you currently have any o		ng crim	ninal c	harges	or war	rrants	s of a	rrest	pend	ding a	agaiı	nst	you	? T	his w	ould i	nclud	le any	, stat	e,
province, territory, and/or c	ountry.																			
<ul> <li>3. Is there action pending to revoke or suspend a certificate or license issued to you by another jurisdiction? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.</li> <li>YES NO</li> </ul>																				
4. Have you ever had any adversuspensions, revocations, vo  ☐YES ☐NO				,		or lie	cense	e? (Ac	dvers	e act	ion i	inclu	ude	s let	ters (	of war	ning	, repr	iman	ds,
5. Are you currently or have you licensing agency for allegatic and telephone number as ways.	ons of mi	scondu	ıct? If	"yes,"	on a s	epara	ate sh	neet c												
6. Have you ever been denied YES NO	certificati	ion? T	his wo	ould inc	clude a	ny st	ate, p	orovir	nce, t	errito	ory,	and	l/or	cou	ntry.					
IF YOU ANSWERED 'YES DETAILED STATEMENT (	' TO AN ON A SE	IY OF	THE ATE S	QUES	STION AND	NS A SIG	BOV SN T	/E (1 HE S	L-6), STA1	, PR ΓΕΜΙ	OV:	IDE	E A							
7. Have you ever held a teachi	ng certifi	cate in	anoth	ner sta	te?	YES		NO												
STATE			EXPI	RATIO	N DATE	_			STA	TE					EX	PIRA	TION	DATE	-	
8. Are you currently under co	ntract wit	h a pu	blic sc	chool d	istrict i	n Ala	ska?	ΠY	ES	□ N	0									
If yes, school district:									, be	ginni	ng c	ont	ract	da:	te: _					



ETHNICITY	<u> </u>
□ ALASKA NATIVE □ ASIAN OR PACIFIC ISLANDER □ AFRICAN AMERICAN □ HISPANIC □ CAUCASIAN □ AMERICAN INDIAN/ NATIVE AMERICAN □ OTHER	<ul> <li>ALASKA NATIVE: Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. This may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida, or Tsimshian origin.</li> <li>ASIAN OR PACIFIC ISLANDER: Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.</li> <li>AFRICAN AMERICAN: (Not of Hispanic origin); any person having origins in any of the Black racial groups of Africa.</li> <li>HISPANIC: Any person of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin, regardless of race</li> <li>CAUCASIAN: (Not of Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</li> <li>AMERICAN INDIAN/NATIVE AMERICAN: Any person having origins in any of the original peoples of North</li> </ul>
	America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.

### **POSITIONS HELD**

LIST TEACHING, ADMINISTRATIVE, AND/OR SPECIAL SERVICES POSITIONS HELD SINCE YOUR LAST ALASKA TEACHING CERTIFICATE BECAME EFFECTIVE. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

SCHOOL YEAR(S)	DAYS PER YEAR	SCHOOL NAME	CITY, STATE	POSITION TITLE	SUBJECT/GRADE LEVEL(S)	

# **RECORD OF TRAINING**

SIX SEMESTER OR NINE QUARTER HOURS OF CREDIT EARNED FROM A REGIONALLY ACCREDITED UNIVERSITY ARE REQUIRED FOR RENEWAL OR REINSTATEMENT. OF THOSE REQUIRED CREDIT HOURS, THREE SEMESTER CREDITS, OR FIVE QUARTER CREDITS MUST BE UPPER DIVISION OR GRADUATE LEVEL COURSEWORK.

LIST ALL COLLEGE/UNIVERSITY COURSEWORK COMPLETED SINCE THE EFFECTIVE DATE OF THE CERTIFICATE YOU ARE RENEWING OR REINSTATING. YOU MAY ONLY REINSTATE A 5-YEAR CERTIFICATE IN THE 12 MONTHS FOLLOWING ITS EXPIRATION DATE.

IF YOUR CERTIFICATE HAS BEEN EXPIRED LONGER THAN ONE YEAR, YOU ARE NO LONGER ELIGIBLE TO REINSTATE YOUR CERTIFICATE. YOU MUST APPLY AS AN INITIAL APPLICANT AND MEET ALL CURRENT REQUIREMENTS FOR CERTIFICATION.

COLLEGE OR UNIVERSITY	CITY, STATE	CREDITS EARNED	SEMESTER/QUARTER ATTENDED



	ALASE
CER	TIFICATE INFORMATION
PLEASE	INDICATE THE TYPE(S) OF CERTIFICATE(S) YOU ARE RENEWING OR REINSTATING:
[	TYPE A REGULAR (5-YEAR)*
[	PROFESSIONAL TEACHING CERTIFICATE (5-YEAR)
[	MASTER TEACHING CERTIFICATE (10-YEAR)
[	TYPE B REGULAR (5-YEAR)
[	TYPE C REGULAR (5-YEAR)
	J ARE RENEWING OR REINSTATING A <b>TYPE A REGULAR</b> CERTIFICATE, YOU WILL BE ISSUED A PROFESSIONAL CERTIFICATE FO XT 5-YEAR PERIOD, PROVIDED ALL RENEWAL REQUIREMENTS HAVE BEEN MET.
REQUIR	CURRENTLY HOLD AN <b>INITIAL</b> TEACHING CERTIFICATE, IT IS A NON-RENEWABLE CERTIFICATE. YOU MUST MEET ALL REMENTS FOR THE PROFESSIONAL OR MASTER TEACHING CERTIFICATE AND APPLY USING EITHER THE APPLICATION FOR THE SSIONAL OR MASTER CERTIFICATE.
IF YOU	ARE RENEWING A TYPE M LIMITED CERTIFICATE, PLEASE COMPLETE THE TYPE M RENEWAL APPLICATION.
REO	UIREMENTS
ALL REG	QUIREMENTS LISTED BELOW MUST BE <b>COMPLETED</b> IN ORDER TO RENEW OR REINSTATE A PROFESSIONAL, MASTER, TYPE A, OR TYPE C CERTIFICATE.
	SIX SEMESTER HOURS OF CREDIT EARNED SINCE THE ISSUE DATE OF THE CERTIFICATE BEING RENEWED OR REINSTATED Official transcripts reflecting at least 6 semester hours (or 9 quarter hours) of credit earned within the life of the certificate being renewed must be included with the application. Of those required credit hours, three semester credits, or five quarter credits must be upper division or graduate level coursework. OFFICIAL TRANSCRIPTS MAY BE OPENED, BUT NOT MARKED ON IN ANY WAY.
	1 COMPLETED STANDARD FBI FINGERPRINT CARD (FD-258) Fingerprints must be rolled by a trained fingerprint technician. The technician must sign and date the fingerprint card. If you cannot obtain the fingerprint card locally, call or email Teacher Certification to request a card. If any section on the fingerprint card is incomplete, the entire application packet will be returned.
	EMPLOYMENT VERIFICATION  Verification of employment in a certified position in a public school district in Alaska must be submitted with the application.  Employment verification may be in the form of a letter from the employing school district office, or a photocopy of the contract.
	RENEWED NATIONAL BOARD CERTIFICATION  Required ONLY for renewal of the Master certificate, not a Professional, Type A, Type B or Type C certificate.
FEE	SCHEDULE
THE 'CH CASHIE PERSO	E FOR RENEWAL OR REINSTATEMENT IS \$125.00 PER CERTIFICATE. THE FINGERPRINT PROCESSING FEE IS \$60.00 (REFER TO HECKLIST' SECTION TO DETERMINE WHETHER THE FINGERPRINTING REQUIREMENT APPLIES TO YOU). YOU MAY PAY WITH A REY'S CHECK (PAYABLE TO EED), MONEY ORDER, OR CREDIT CARD (VISA OR MASTERCARD). FEES ARE NON-REFUNDABLE. NAL CHECKS WILL NOT BE ACCEPTED.
AMOUN	
CREDIT	CARD NUMBER - EXPIRATION DATE (MM/YY)

Department of Education & Early Development, Teacher Education and Certification 801 West 10th Street, Suite 200, PO Box 110500 Juneau, AK 99811-0500 Phone: (907) 465-2831 Fax: (907) 465-2441 tcwebmail@alaska.gov

CARDHOLDER'S SIGNATURE

NAME ON CREDIT CARD



TON	ARIZATION							
(	OF DATE	I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, ACKNOWLEDGE THAT I HAVE READ AND WILL ADHERE TO THE STATE OF ALASKA CODE OF ETHICS OF THE EDUCATION PROFESSION. THIS BECOMES PART OF MY OFFICIAL RECORD.						
	WLEDGED THAT HE/SHE SIGNED IT.							
(SIGNATU	IRE OF NOTARY)	SIGNATURE OF APPLICANT						
MY COI	MMISSION EXPIRES:							
WITNI	OTARY IS NOT AVAILABLE, A POSTMASTER MAY ESS, DATE STAMP AND SIGN THIS AFFIDAVIT.	DATE						
YOU M	<b>CKLIST</b> JST INCLUDE ALL OF THE FOLLOWING ITEMS IN A SINGLE APPLICATION PACKET WILL BE RETURNED, UNPROCESSED. PLEASE COI							
	<u>COMPLETE RENEWAL OR REINSTATEMENT APPLICATION</u> Make sure all sections of the application are complete. If any sec The application must be mailed to the Teacher Certification office							
	SIGNATURE AND NOTARIZATION  The 'NOTARIZATION' section of the application must be completed by all applicants.  A Notary Public or a Postmaster must witness and verify your signature with a signature and stamp/seal.							
	OFFICIAL TRANSCRIPTS Official transcripts reflecting all coursework listed in the 'RECORD Photocopied, unofficial, or faxed transcripts will not be accepted. OFFICIAL TRANSCRIPTS MAY BE OPENED, BUT NOT MARKED ON	• •						
	FINGERPRINT CARD  1 FBI Applicant fingerprint card (Form FD-258)  If you cannot obtain the fingerprint card locally, call or email Tead  If any section of the fingerprint card is incomplete, the entire app							
	-OR-							
	EMPLOYMENT VERIFICATION  Verification of current employment in a certified position in a publy you may submit a letter from the employing school district office,							
	FOR RENEWAL OR REINSTATEMENT DURING THE Submit employment verification for the current school							
	FOR RENEWAL OR REINSTATEMENT DURING TH Applications submitted prior to July 1 <sup>st</sup> must include Applications submitted after July 1 <sup>st</sup> must include em	employment verification from the previous school year.						
	APPLICATION FEES The application fee for renewal is \$125. The fingerprint processing fee is \$60. If you require fingerprint of Fees are non-refundable. YOU MAY PAY WITH A CASHIER'S CHECK, MONEY ORDER, OR CR							
	COPY OF RENEWED NATIONAL BOARD CERTIFICATION Required ONLY for renewal of the Master teaching certificate.							